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PTORSIOS (08-03)
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Instance of Pagework Reduction Act of 1995, no persons are required to respond to a collection of information unities in discharge a width OMB control number.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a wall! OMB control number.												
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									77994115/			
CLAIMS AS FILED - PART) (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR	MUNE	ER FILED	NUMBE	NUMBER EXTRA		RATE	FEE		RATE	FEE	
(37	2C FEE OFR 1.18(a))							ļ	CR		1	
67	AL CLAIMS OFR 1.14(c))		entreus 20 =		•		<u>.</u> :		OR	x 4		
	EPEIDENT CLAS DER 1.18(b))	8	minus 3 =		•		·		OR	×4•		
MULTIPLE DEPONDENT CLADA PRESENT (P7 OFR 1.18(4))						1			OR	+1	•	
* If the difference in column 1 is feas than zero, enter "O" in column 2.							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
/-					(Column 3)	_	SMALL E	NTITY A	DR	OTHER SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDA TIDYAL PEE		RATE	ADOI- TIONAL FEE	
ME	Total (27 OFR 1.1663)	. 9	Minus	-42	.0	×	7	7	OR	X \$*		
AMENDMENT	Independent (IF OFR 1.140()	. 85	Minus	-3		×	·•/		OR	X \$o		
¥	FIRST PRESENT	ATION OF MULTIPLE	E CEPENCE	NT CLANS (37 CF	R 1.16(4)	ΙŢ	/.		OR	+2 .		
						11	OZAL ZOL FEE	7	OR	TOTAL ADDIL FEE		
2-15-0 (Column 1) (Column 2) (Column 3)												
		CLAUMS	1	HIGHEST								
8		REMAINING		NUMBER	PRESENT		RATE	ADD+		RATE	ADOI-	
Z		AFTER AMENOMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE A			TIONAL FEE	
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S S	brompendent (COR 1.100)	. 3	Minus	- 3	· B	×	•	\/	OR	x &		
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR 1.18(4))								OR	+:		
apple						T	OTAL DO'L FEE	/ \	OR	TOTAL ADDL FEE		
\mathbb{Z}	K(0)	(Column 1)		(Column 2)	(Column 3)			1 /				
C	U	CLAIMS		HIGHEST NUMBER	PRESENT		RATE	AZO)-		DATE	ADCI-	
		REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TAIE	TONAL FEE		RATĘ	TIONAL FEE	
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	Independent (II CFE 1.140)	· '\	Minus	- 名	1/1	Ţ	X		OR	X 8*		
AM		ATION OF MALTIPL		TOAN MOS		٦	7		OR	• •		
Н										TOTAL		
						0.	OOL FEE	V	OR	ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Rights Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Rights Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".												

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The Information is required to obtain or retain a barreti by the public which is to tile (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 influence to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This was very depending upon the influence Any comments on the second of time you require to complete this form another supprections for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Continence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Certurissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.